

SECURITIES AND BUSINESS REGULATION 2 Martin Luther King, Jr. Drive, S.E. Ste 802, West Tower Atlanta, Georgia 30334 (404) 656-3920

http://www.sos.state.ga.us/securities/

Robert D. Terry Division Director

Georgia Charitable Solicitations Act Paid Solicitor Registration

EXECUTION PAGE						
Statutory Fees (Nonrefundable) Make Check Payable to Georgia Secretary of State						
INITIAL APPLICATION \$250.00	REINSTATEMENT Registration #: \$250.00		MENDMENT \$15.00	RENEWAL \$100.00		
WARNING: The registration of a paid solicitor expires on December 31 of each year. Failure to keep this form current and file accurate supplemental information on a timely basis, or failure to keep accurate books and records or otherwise comply with provisions of the Georgia Charitable Solicitations Act of 1988, will constitute a violation of said Act and may result in disciplinary, administrative, injunctive or criminal action. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE CRIMINAL VIOLATIONS.						
Official Name and Mailing Addres	ss of Applicant (Paid Solicitor)):				
2. Contact Person:		Telephone:				
3. Location of Books and Records:						
EXECUTION: On behalf of the applicant identified above, for the purpose of complying with the Charitable Solicitations Act of 1988 (O. C. G. A. 43-17-1 et seq.) ("Act"), I hereby certify that the applicant is in compliance with said Act and irrevocably appoints the Secretary of State of the State of Georgia the agent for the applicant upon whom may be served any notice, process or pleading in any action or proceeding against the applicant arising out of, or founded upon, a violation or an alleged violation of said Act. The applicant hereby consents that any such action or proceeding against said applicant may be commenced in any court of competent jurisdiction and proper venue within the State of Georgia by service of process upon Secretary of State with the same effect as if the applicant was a resident of the State of Georgia and had been personally served with process. The undersigned hereby verifies that he had executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information and statements contained herein, including the exhibits attached hereto, and other information filed herewith, are made a part hereof, are current, true and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended, such information is currently accurate and complete.						
Name of authorized Executive Officer (please		Date:				
Signature of Executive Officer:	Title:					
Official Witness (Notary)		•				
THIS PAGE MUST ALWAYS BE with seal. If filing an initial registr circle number(s) being amended. application is received and app	ation or reinstatement of re Registration does not b	egistration ecome ef	, submit entire app fective until all in	lication. To amend, formation on this		

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5. FIS	cai Year E	Ends on (Mo	ontn/Day):	Date of I	Formation:			Place o	of Filing:		
6. Applicant is a:					Corporation				Proprie			
Partnership					Limited Liability Company			torship Other:				
7 If F		ւութ Corporatio	n date	nualifie	•			uia.			Outer.	
8. Will applicant have physical possession or legal control over any contributions collected in or from the state of Georgia? YES NO If yes, applicant must attach the following to this application: (a) Fiscal year end financial statement for period ending one year prior to date of filing, or for the preceding fiscal year if fiscal year has ended within 90 days of this filing OCGA 43-17-3(c)(3).). Such financial statement must be prepared in accordance with generally accepted accounting principles. (b) Surety bond satisfactory to the Secretary of State in the sum of \$10,000 payable to the State of Georgia OCGA 43-17-4(a). 9. BRIEF DESCRIPTION OF BUSINESS. Provide a brief description of the general character of the business to be conducted or proposed to be conducted by the applicant:												
		(CHAP	ΓERS,	BRAN	CHES, A	ND AF	FILIAT	ES			
List the name and address of each affiliated branch or chapter located in the State of Georgia and the directors of each such branch or chapter. Attach additional sheets as needed.												
Address	S				Telepho		20 11000		Designa	ted Supervisor		
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Address	S				Telephone Designated Supervisor							

BACKGROUND INFORMATION

NOTE: (1) For the purpose of the following questions the term "executive officer" means the chief executive officer, the president, the principal financial officer, the principal operation officer, the treasurer or any other person performing similar functions.

(2) All YES answers to questions must be fully explained on page 4 of the application (attach additional sheets as needed)

	YES	NO
10. In the past ten years has the applicant, executive officer, or control person been convicted of or pled guilty or		
nolo contendere (no contest) to a felony or misdemeanor which:		
(a) Involves the solicitation or acceptance of charitable contributions or the making of a false oath, the making of		
a false report, bribery, perjury, burglary, or conspiracy to commit any of the foregoing offenses?		
(b) Arises out of the conduct of solicitation of contributions for a charitable organization?		
(c) Involves the larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement,		
fraudulent conversion, or misappropriation of funds?		
(d) Involves murder or rape?		
(e) Involves assault or battery if such person proposes to be engaged in counseling, advising, housing, or sheltering individuals? Or		
(f) Pled guilty or nolo contendere (no contest) to any other felony offense?		
11. Has any court:		
(a) in the past ten years enjoined the applicant or a executive officer in connection with any aspect of the		
fundraising business?		
(b) ever found that the applicant or executive officer was involved in a violation of any state or federal law		
regarding fundraising or any other deceptive practice?		
12. Has any local, state or federal government agency:		
(a) ever found the applicant or executive officer to have made a false statement or omission or been dishonest, unfair or unethical?		
(b) ever found the applicant or executive officer to have been involved in a violation of a fundraising law?		
(c) ever found the applicant or executive officer to have been a cause of any fundraising organization having its		
authorization to do business denied, suspended, revoked or restricted?		
(d) in the past ten years entered an order against the applicant or a executive officer in connection with any		
fundraising statute or deceptive practices?		
(e) ever denied, suspended, or revoked the applicant's or a executive officer's registration or license, prevented		
it from association with a fundraising organization, or otherwise disciplined it by restricting its activities?		
(f) ever revoked or suspended the applicant's or a executive officer's license as an attorney or accountant?		
13. Is the applicant or executive officer now the subject of any proceeding that could result in a yes answer to		
any question contained herein?		
14. Does the applicant have any unsatisfied judgments or liens against it or has it filed for any type bankruptcy?		

ACKNOWLEDGEMENTS

By submitting this application, the applicant acknowledges the following statutory requirements:

- (a) SOLICITATION CONTRACT REQUIRED. [OCGA 43-17-3(e)(1)] There must be a written contract between the paid solicitor and each charitable organization on whose behalf solicitations are conducted.
- (b) SOLICITATION NOTICE. [OCGA 43-17-3(f)] A solicitation notice and a copy of each solicitation contract must be filed with the Secretary of State prior to the commencement of each solicitation campaign.
- (c) POINT OF SOLICITATION DISCLOSURE. [OCGA 43-17-8] Each employee, agent, independent contractor or representative of the paid solicitor must provide at the point of solicitation the name and location of the paid solicitor, the name and location of the charitable organization for which the solicitation is being made, and a statement that a full and fair description of the charitable program and a financial statement or summary are available upon request.
- (d) ACCOUNTING TO CHARITABLE ORGANIZATION. [OCGA 43-17-3(g)] Within 90 days after a solicitation campaign has been completed, and on the anniversary of the commencement of a solicitation campaign lasting more than one year, the paid solicitor shall account in writing to the charitable organization, and the Secretary of State, for all contributions and expenses paid.
- (e) COLLECTIONS AND DEPOSITS. [OCGA 43-17-3(h)] Each monetary contribution received by the applicant shall, in its entirety and within three (3) business days of its receipt, be deposited in an account at a federally insured financial institution. Such account shall be in the name and under the sole control of the charitable organization.
- (f) EXPIRATION. [OCGA 43-17-3(c)(6)] Registration for a paid solicitor, if granted, expires on December 31 of the year issued, and if not renewed shall terminate without further notice to the applicant.
- (g) COMMERCIAL COVENTURERS. [OCGA 43-17-6] Any charitable sales promotion in conjunction with a commercial coventurer must be initiated only after a written contract that complies with the Code is entered into between the charitable organization and the commercial coventurer.
- (h) AMENDMENTS TO REGISTRATION. [OCGA 43-17-3(c)(7)] Registration must be current and up to date at all times and must be amended within 30 days to reflect any material changes in operations of the paid solicitor.

- (i) RECORDS. [OCGA 43-17-3(i)(1)] Solicitation campaign records must be prepared and maintained for no less than three years and be available for inspection by representatives of the Secretary of State.
- (j) MISAPPROPRIATION OF FUNDS AND FRAUDULENT CONDUCT. [OCGA 43-17-12] The Georgia Charitable Solicitations Act of 1988 establishes that it is a felony to engage in fraudulent conduct or to misappropriate, convert or illegally withhold contributions collected pursuant to the Act.

	EXPLANATION TO APPLICATION QUESTIONS	
	This section must be used to explain any YES answers on the previous pages. It may also be used to explain the answers to any other questions on the application. Attach additional sheets as needed.	
Explanation:		

APPLICANT'S NAME: CONTROL PERSONS The applicant must provide the following information for **each person** who directly or indirectly, has the power to direct or cause the direction of the management and policies of the applicant whether through the authority of voting securities, by contract or otherwise. The term control person includes, but is not limited to, each general partner, limited partner, director, affiliate or executive officer or person holding similar position. Make additional copies of this form as needed. (Please type or print) Title: Name: Address: City: State: Zip Code: Date of Birth: Social Security Number: The person named above MUST provide a ten year employment history beginning with the most recent employment. Attach separate sheets if needed. All persons who have custody of charitable donations must submit to a criminal background check. By signing this form the person named above authorizes the Secretary of State to conduct a criminal history check pursuant to the paid solicitor's registration in the State of Georgia. Signature of Control Person This _____ Day of _____ Official Witness (Notary) Signature _____